

PLACE OF BIRTH

1. County of _____

District of _____

Town of _____

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171County Registrar No. 401

Local Registrar No. _____

2. Full name of child Katherine Vry Sears (If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Month

Day

Year

Female

5. No., in order of birth

1stDec. 31 1925

8. FATHER

Full name James Wesley Sears

9. Residence

(Usual place of abode)

If nonresident, give place and state

Superior, Ariz

10. Color or race

White11. Age at last birthday 49 (Years)

12. Birthplace (city or place)

(State or country)

Arizona

13. Occupation

Nature of industry

Miner
Mining

14. MOTHER

Full maiden name

Vry Pearl Andrews

15. Residence

(Usual place of abode)

If nonresident, give place and state

Superior, Ariz

16. Color or race

White17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

(State or country)

Michigan

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 9 0 m. on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

John Hagan M.D.
Superior, Ariz

(Physician or midwife)

Given name added from supplemental report

Month, day, year.

Registrar.

Filed Dec 23 1925

Filed _____ 19____

Local Registrar.

County Registrar.

222-1221-312

in order of, with state.